

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012111

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 26

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY Pemiscotb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Little PrairieLength of stay in lb  
Transitc. FULL NAME OF DECEASED (If NOT in hospital, give location  
HOSPITAL OR INSTITUTION)  
Max Wallace StoreInside Limits  
Yes ☒ No ☐c. CITY OR TOWN Braggadocio TwhshipInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Rt. 2 Steele, Mo.Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Robert Eugene Vaughn4. DATE OF DEATH Month Day Year  
March 9, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
11/22/219. AGE (last birthday)  
40IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Farmer-Self Employed10b. KIND OF BUSINESS OR INDUSTRY  
Farming11. BIRTHPLACE (City and state or country)  
Braggadocio12. CITIZEN OF WHAT COUNTRY  
USA13a. FATHER'S NAME  
Oscar m. Vaughn13b. MOTHER'S MAIDEN NAME  
Ethel B. Hamlett14. NAME OF HUSBAND OR WIFE  
Helen Vaughn15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WWII16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Address  
Mrs. Helen Vaughn-Braggadocio, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

This Man fell into a ditch + died  
No foul play involvedConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Fell into ditch + was unable to get out20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m. 3 9-6220d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
In Route Home20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Near Braggadocio, Pemiscot, Mo.21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
and I saw her him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ about \_\_\_\_\_ 6 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)  
Jeremy Osburn, Coroner22b. ADDRESS  
Wards, Mo.22c. DATE SIGNED  
3-16-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
3/9/196223c. NAME OF CEMETERY OR CREMATORY  
Pemiscot Mem. Gardens23d. LOCATION (City, town, or county) (State)  
Caruthersville, Mo. Rt. 124. FUNERAL DIRECTOR ADDRESS  
H.S. Smith F. Home-Caruthersville, Mo.25. DATE RECD. BY LOCAL REG.  
3-16-6226. REGISTRAR'S SIGNATURE  
Jack W. Tipton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10780

20780

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99028

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11678

1291-3

132-0

MAR 28 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. Denver Pike*

Licensed Embalmer No.

*4484*

P. O. Address

*Cantharsville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.